

**IMPORTANT
PATIENT
INFORMATION
ENCLOSED**

MY GUIDE TO TOTAL HIP REPLACEMENT



**Please bring this booklet with you to each of your hospital visits,
including your pre-admission appointment and hospital stay**

Updated June 2025

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WELCOME TO THE MIDDLESEX HOSPITAL ALLIANCE

On behalf of all the staff at the Middlesex Hospital Alliance, we would like to welcome you. Our total hip and knee replacement program started in 2007, performing over 350 procedures annually.

This booklet was created to help address the many questions and concerns you may have about your upcoming total hip replacement. It includes information on what the surgery involves, how to prepare yourself for the surgery, what to expect in the days following the surgery, how to prepare your home for when you are discharged from the hospital, and tips that will hopefully make this experience as positive and stress-free as possible.

Please read this guide thoroughly and write down any questions you may have on the “My Notes” page at the end of this booklet. Bring this booklet with you on the day of your surgery and for follow-up visits.

For more helpful information, including videos on exercises, walkers and canes, visit our website:

mhalliance.on.ca > Hospital Services > Rehabilitation

If you have any questions about the contents of this booklet, please contact the *physiotherapy department* at Strathroy General Hospital at: 519-246-5901

CONTACT PHONE NUMBERS

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519-245-5295 Ext. 5106

Strathroy Middlesex General Hospital

Main Directory

(519) 245-5295

Operating Room

(519) 245-5295 Ext. 5018

Preadmission Desk

(519) 245-5295 Ext. 5550

Physiotherapy / Occupational Therapy Departments

Strathroy Middlesex General Hospital

519-246-5901

Fax: 519-246-5928

Four Counties Health Services

519-693-6501

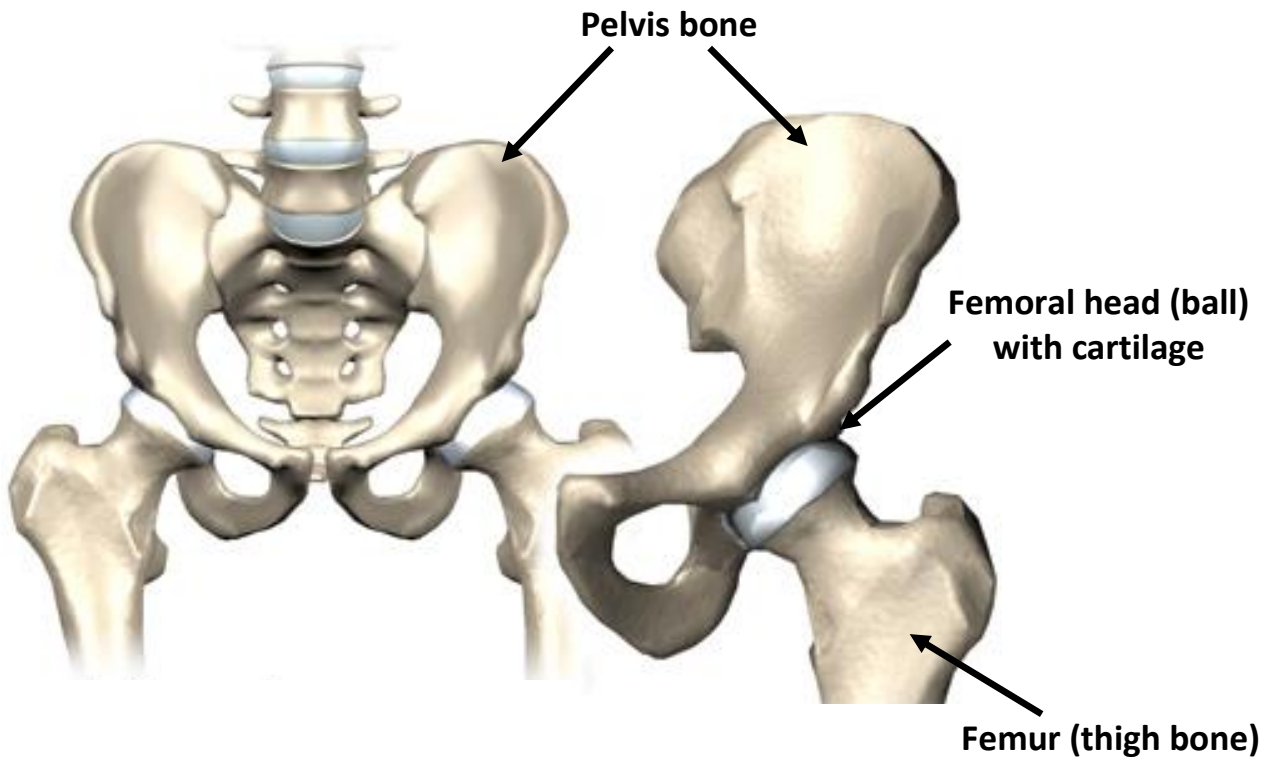
Fax: 519-693-6523

Local Health Integration Network (LHIN) Southwest Intake Office

(519) 473-2222

THE HEALTHY HIP

- The hip is a “ball and socket” joint located where the thigh bone (femur) joins the pelvis (acetabulum).
- This “ball and socket” joint allows movement in all directions.
- The smooth cartilage lining the bones allows the ball of the thigh bone to glide easily in the socket.
- Ligaments and muscles hold the joint together.
- The joint is lubricated with synovial fluid which comes from the lining of the joint.



TOTAL HIP REPLACEMENT

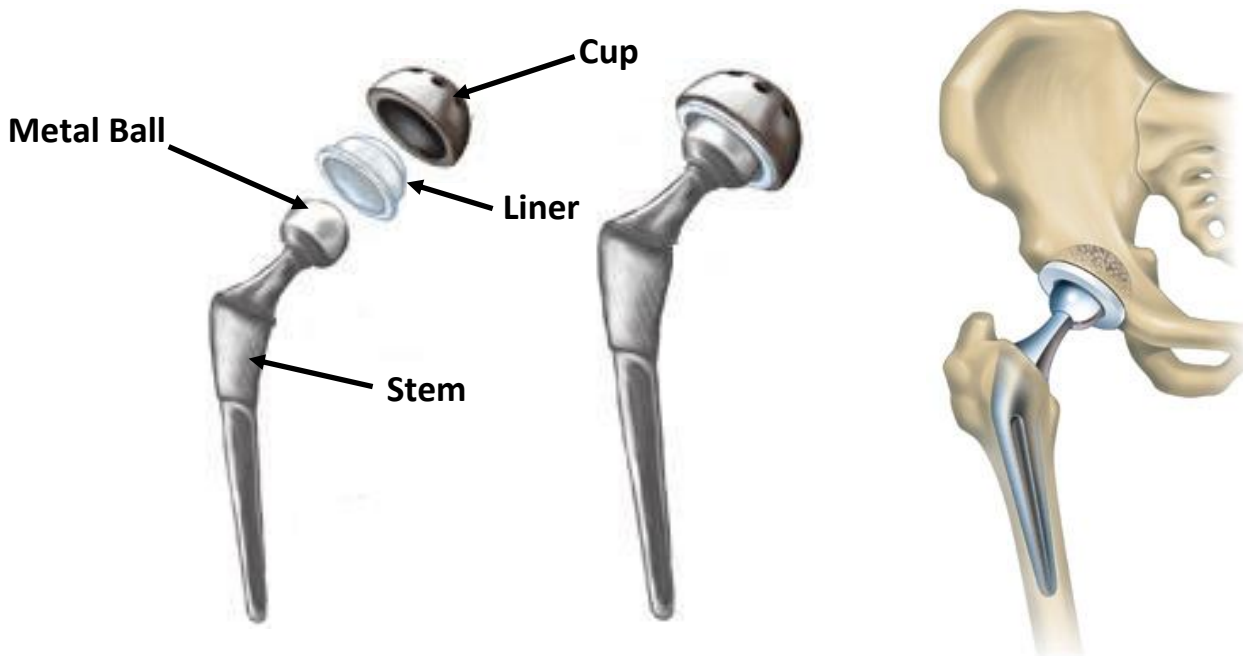
A healthy hip moves without pain because the joint surfaces are covered and protected with cartilage. When the cartilage wears away, the bones rub together causing pain. This damage to the hip structures can be caused by osteoarthritis, rheumatoid arthritis, injuries, and loss of blood supply to the bone.

When other treatments no longer work and you cannot carry on with normal activities because of pain and limited movement, your surgeon may recommend a total hip joint replacement.

The primary goal of total hip replacement is to decrease pain. It can also be done to improve function of the hip and increase stability or reliability.

There are four parts to the artificial hip:

1. A metal **stem** that sits in the thigh bone for stability.
2. A metal **ball** replaces the head of the thigh bone (femur).
3. A plastic **liner** which sits in the socket of the pelvis.
4. A metal **cup** which replaces the socket of the pelvis



BEFORE YOUR SURGERY

Research shows that those who are prepared for their surgery have better outcomes and recovery periods. This section contains important information on what you can do before surgery so that your joint replacement is as successful as possible.

EXERCISE / ACTIVITY

People with a painful hip joint are often afraid to be physically active because they worry it will do more damage to the joint. **This is not the case.** Research has shown that exercise can help you decrease pain, improve strength, and keep your heart in good condition before surgery. This in turn will help in your recovery after surgery. Refer to the section “**Hip Exercises**” in this booklet for an example of several exercises to try before your surgery.

Endurance activities are good for your heart, lungs, circulation, and muscles. Activities to increase endurance include walking, stationary bike, elliptical trainer, and swimming. It is important with any exercise program that you start slowly. Begin with a few minutes each day and gradually progress until you can exercise at least 3 times per week for 20 to 30 minutes. If you have any questions about starting an exercise program, speak with your family doctor or other health care professional.

NUTRITION AND WEIGHT MANAGEMENT

Due to the way joints work, the pressure in your hip joints is more than your body weight when you walk. For every pound a person is overweight, 3-5 lbs pounds of extra weight is placed on each hip during walking. Even a small weight loss can make a big difference to your joints. If you are overweight and have arthritis in any of your weight-bearing joints, losing weight will help. For example, a 10 – 15 lb weight loss results in 30 to 50 lbs of extra stress to be relieved from the joints and increase your ability to do daily activities by almost 30%. Talk to your family doctor or registered dietician about an appropriate weight loss program if needed. For more information about healthy eating visit **Canada’s Food Guide** at www.healthcanada.gc.ca/foodguide or **The Arthritis Society’s Nutrition Guidelines** at www.arthritis.ca.

PRE-ADMISSION CLINIC

An appointment will be made for you prior to your scheduled surgery date for an assessment of your overall health and provide information about your surgery. This visit will take 3-5 hours. (x-ray, blood work, electrocardiogram (ECG), meet with a nurse, and anesthesiologist)

- It is mandatory to bring a family member or friend with you to this appointment
- Bring your usual medications and any over the counter / herbal supplements in their **original containers**, along with a **prescription list** from your pharmacy
- Bring your **completed Pre-anaesthesia Questionnaire** and **History and Physical Assessment** by your family doctor and/or any current reports from any specialist you may be seeing such as an internist, sleep apnea clinic, cardiologist, or hematologist
- Bring reading glasses if needed
- Bring a list of questions you may have about your upcoming surgery

During this visit, you will meet with a team of health professionals:

- ✓ A **nurse** will review your health and discuss what to expect during your hospital stay and ways to prepare for your discharge home.
- ✓ An **anesthesiologist** will discuss anesthetic options and pain management
- ✓ A **laboratory technician** will take your blood and do an electrocardiogram (ECG) of your heart
- ✓ A **medical radiation technologist** will perform x-rays of your hip and/or chest

**** Your Pre-Admission Clinic appointment may be scheduled on the same day as your Readiness Review Class and Physiotherapy Pre-operative Assessment (see page 8)****

Note: You will be required to provide a urine sample during your visit. Please remember to ask the desk clerk in Ambulatory Care to provide you with a collection container before using the bathroom.

Readiness Review Class

You will be required to attend a **mandatory** education session before your hip replacement. This 60 minute presentation is offered by your health care team including a physiotherapist, kinesiologist / physiotherapy assistant and nurse practitioner. Classes are offered 1-2 times weekly at Strathroy Hospital.

Patients who plan to come to Strathroy or Four Counties Hospitals for their post-operative physiotherapy treatments will have their first appointment scheduled at this time.

You will learn:

- ✓ What is involved in a hip replacement surgery including the type of hardware used
- ✓ Types of anesthesia
- ✓ How to control post-op pain
- ✓ Necessary or helpful equipment
- ✓ Activities and exercises to do before and after your surgery
- ✓ How to prepare your home
- ✓ What to expect before, during, and after surgery
- ✓ How to plan for your discharge home

**** It is mandatory that you bring a family member or friend (preferably the person who will be helping you after the surgery) to this class.**

PRE-OPERATIVE ASSESSMENT

You will have a physiotherapy assessment prior to your surgery.

This time will be used to assess your mobility, teach exercises and use of a walker, and discuss the support required at home after surgery.

ASSISTIVE EQUIPMENT

This is a list of equipment to assist you in your everyday activities after surgery. You will need to get these devices **before** your surgery and it is recommended you practice using these devices before your surgery. All of the equipment can be either rented or purchased within the community. For a list of vendors in your community, see the list at the back of the booklet (page 31).

Gait Aids	<input type="checkbox"/> Standard Walker or 2 Wheeled Walker (Mandatory) Will assist with your walking. <u>It should NOT have four wheels</u> <input type="checkbox"/> Rollator Walker (Optional) May progress to a rollator later on in your recovery <input type="checkbox"/> Cane (Mandatory) Will assist you on the stairs and with your walking later on in your recovery <input type="checkbox"/> Handrails (highly recommended) These should be installed along stairs at home for safety
Bathroom Equipment	<input type="checkbox"/> Raised Toilet Seat with Arms (highly recommended) Clamp-on or molded plastic styles for regular or oval toilet bowls <input type="checkbox"/> Grab Bars Can be mounted into a studded bathroom wall or clamped to the side of the tub <input type="checkbox"/> Bathtub Transfer Bench Useful for getting into and out of the tub/shower. You will not be able to have a bath, as you are not able to submerge the incision in water for 6-8 weeks. However you will be able to shower after your surgery. <input type="checkbox"/> Hand Held Shower Head For use with the tub bench You are allowed to shower once you get home from surgery with the water proof bandage on. Do not scrub around the bandage.
Dressing Devices	<input type="checkbox"/> Sock Aid To help put on socks or hosiery <input type="checkbox"/> Long-Handled Reacher To help reach objects on the floor, overhead, or for dressing <input type="checkbox"/> Long-Handled Shoehorn Useful to put on shoes or take off socks

ASSISTIVE EQUIPMENT

Standard Walker or 2 wheeled walker
is MANDATORY

- (Not a walker with 4 wheels)



Raised Toilet Seat



Long-Handled Shoe Horn



Bath / Shower Bench

Cane



Long-Handled Reacher

PREPARE YOUR HOME

If there are a lot of stairs to go up to your bedroom, consider moving your bed to the main floor temporarily. Look into borrowing or renting a bed if necessary.

If you don't already have them, install handrails on at least one side of each stairway, including any stairs outside the house. Consider installing a temporary ramp to access the house if needed.

Remove scatter rugs and loose electrical cords as they may cause you to fall.

Place things that you use often where you can easily reach them, such as a telephone or lamp, by your bed

Place a rubber mat in your tub and/or shower.

Make sure there is a clear, well-lit path from your bedroom to the bathroom.

Install a sturdy grab bar in your bathroom. DO NOT use a towel rack as a grab bar; these are not safe.

Arrange for someone to come in and help with household chores upon your return home. You will not be able to do tasks that require heavy lifting or bending, such as vacuuming, washing floors, laundry, and washing the tub.

It is important that you have a good supply of nutritious foods at home.

- You will not be able to prepare meals in your kitchen for several weeks after surgery therefore it is recommended that you stock your freezer with healthy foods and pre-cooked meals
- Arrange for family or friends to do your grocery shopping
- If it is available in your area, you can have meals delivered to your house via *Meals-on-Wheels*. Contact your nearest Local Health Integration Network (LHIN) for details

HOME SUPPORT

It is important that you have a spouse, family member, or friend to stay with you at home when you leave the hospital. **It is MANDATORY that you have someone stay with you full-time for a minimum of 2-3 days following surgery.** It is recommended that you have support for the first one to two weeks after surgery.

If you live alone or your family is unable to help, you have several options:

- Arrange to stay with a family member or friend or have them stay with you. Consider going to the house that requires the least amount of stairs.
- Arrange for a convalescence / respite bed at a retirement home (two to four weeks is recommended) while you recover. For a list of available beds nearest you, please contact the Local Health Integration Network (LHIN) intake office at **519-473-2222**. These beds will need to be arranged prior to your surgery (based on availability) and will cost a fee. Please book these beds starting **the day** after your surgery date.

HOME AND COMMUNITY CARE

Community care typically DOES NOT supply personal support workers for elective surgeries such as a total hip replacement, therefore it is important for you to arrange for help at home.

Physiotherapy through homecare is not part of the standard plans for post-operative care.

If you have any questions about Home and Community care services before or after your surgery, please contact the intake office at **519-473-2222**.

YOUR HOSPITAL STAY

DAY OF SURGERY:

DO NOT:

* Shave below the waist for 48 hours prior to your surgery or your surgery will be cancelled.

DO:

✓ A staff member from the Hospital will call you the day before your surgery, Monday to Friday (except holidays), between 2:30-4:30pm with your arrival time on the day of surgery. If your surgery is booked for a Monday, you will receive a call on the Friday before before your scheduled surgery time. (519) 245-1550 extension 5550

✓ Expect to be discharged from hospital on the day of your surgery.

✓ On occasion patients may need to stay over night for monitoring. If you are staying overnight in the hospital, you will need to arrange for a ride home **before noon** on the day of discharge.

✓ You may have 8 ounces or 240ml of clear liquid, for example water, apple juice, gingerale, black tea or coffee BUT **NO MILK or CREAM** in it.

✓ Bring the following items with you (please label all items with your name):

- Current medications and over-the-counter supplements in their original containers
- Standard walker (no wheels) and cane or crutches to assist with walking
- Supportive shoes or slippers with rubber non-slip soles
- Loose-fitting clothes (pants/shorts and shirt) and light-weight robe
- A small overnight bag with clothes and personal care items
- Cryotherapy (ice) device
- This guide booklet

YOUR RECOVERY IN HOSPITAL

Tests and Treatment	<p>You will have:</p> <ul style="list-style-type: none"> • An intravenous (IV) continued • Vital signs checked at regular intervals • Dressing checked and changed daily or as needed • Blood tests
Medications	<p>You may have medication for:</p> <ul style="list-style-type: none"> • Pain control • Nausea • Anti-Blood Clotting • Antibiotics • Your usual Medications <p>Pain following surgery is expected and normal. Please inform your nurse if you are experiencing +++ pain or nausea.</p>
Nutrition	<ul style="list-style-type: none"> • You will be offered a regular diet as you feel able after surgery • Maintain regular sips of fluids after surgery to stay hydrated
Consults	<ul style="list-style-type: none"> • You will have an assessment with a physiotherapist before going home
Education	<p>A nurse and physiotherapist will:</p> <ul style="list-style-type: none"> • Review post-op precautions & care, activity, and exercises • Review pain management and wound care • Review follow-up appointments and care of your hip at home • Review medications
Discharge Planning	<ul style="list-style-type: none"> • You will be discharged from hospital the evening of your surgery day, unless you have been otherwise notified. If you are admitted overnight you will be discharged around noon the following day. • You will receive a follow-up phone call a few days after surgery to discuss your exercises, pain control and mobility.

PHYSIOTHERAPY FOLLOWING SURGERY

<p>Day 0 or 1</p>	<p>A physiotherapist will review:</p> <ul style="list-style-type: none">• How much weight you may put on your leg• How to move safely in and get in/out of bed• How to transfer safely into a chair• Exercises and stretches• How to walk correctly using a walker• Use of ice and/or wrapping• Practice stairs• Ankle Pumping and elevating operated leg <p>If you are being admitted overnight you will not routinely have Physiotherapy until the next day. Your nurse will help with:</p> <ul style="list-style-type: none">• Sit-up/stand at bedside• Transfer to commode or bathroom• Deep breathing and coughing exercises
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HIP PRECAUTIONS

Unless otherwise notified by your surgeon or therapist, you will **NOT** have specific hip restrictions following surgery. However, due to the nature of the surgery and the new prosthetic device in your hip, it is important that you move your hip within your pain and comfort level. You may want to avoid extremes of bending and twisting at the hip for the first several weeks following surgery. The following sections will outline how to sit, stand, get in and out of a tub/shower or car safely and comfortably.



SITTING

On a chair, edge of the bed, toilet, shower chair or tub bench...

1. Stand with your back to the chair/bench
2. Keep the foot of your operated leg forward
3. Back up slowly until the chair/bench touches the back of your unoperated hip
4. Hold the walker with one hand
5. Slide your operated leg forward as you reach back with your other hand
6. Reach back for the handrail or side of the chair/bench behind you (or the wall or nearby counter)
7. Keep the weight on your unoperated leg; lower yourself onto the chair/bench



LAYING DOWN

1. Once seated on the edge of the bed, put both your hands behind you for support
2. Lean backward
3. Swing one leg, then the other from the floor onto the bed
4. Use your hands to lower your upper body onto the bed
5. Keep your walker nearby

THE BATHROOM

- ✓ Make sure the floor of the tub/shower is dry
- ✓ Gather what you need ahead of time so it is within easy reach

For a bathtub:

1. If you wish to use the tub, you will need a bath bench. Your occupational or physical therapist can talk to you about this item.
2. You must lift your legs higher to get over the ledge.
3. To protect your hip, lean back
4. Lift your legs one at a time over the side of the tub and turn to face the faucet

Do not use soap dishes or towel racks to support yourself - they are not made to hold your weight!



The Toilet

1. See "Sitting" section
2. To avoid twisting or bending too much, keep toilet paper in easy reach or take some before
3. Stand up to wipe, and turn your whole body around to flush

If your toilet is too low, you will need a raised toilet seat with arms in order to protect your hip.

DRESSING

The following section outlines ways to dress yourself that will be more comfortable for your hip after surgery. However, getting dressed from the waist up with clothing such as shirts or slipover dresses does not change after surgery.

Shoes & Socks:

Reaching down to put on your shoes or socks may be difficult initially after hip surgery. To make it easier, you may: 1) use a sock aid or 2) ask someone to help you.

Using a sock aid:

1. Slide sock onto sock aid.
2. Lower sock aid to ground with the string handle. Do not bend over to lower sock aid to the floor.
3. Slide foot into sock aid and then pull up the sock by pulling on the string handle.

Underwear, pants, shorts (any clothing worn below the waist):

To put your clothing on:

1. Have your reacher and walker close to you.
2. Start by sitting at the edge of your bed or on a chair with arms.
3. Place clothing on lap and use reacher to lower it to the floor.
4. While still holding onto clothing with reacher, slide operated leg in first. Make sure that the foot comes through the clothing completely, so it does not slip off.
5. Next, slide the non-operated foot into clothing.
6. Pull clothing up as far as is possible while you are sitting down.
7. Stand up with the walker and pull clothing up rest of the way.

To take your clothing off:

1. Start by standing up, with your walker in front of you.
2. Keeping one hand on the walker, use the other hand to lower the clothing. Only lower the clothing enough to be able to sit down without sitting on it.
3. Sit down safely on chair or bed.
4. Use a reacher to lower the clothing to floor.
5. Take the non-operated leg out first.
6. Take the operated leg out second.
7. Use a reacher to pick the clothing off of the floor if you cannot reach.

DRIVING

Doctors recommend that you do not drive a car for at least 4-6 weeks after your surgery

It will be up to your surgeon to clear you before you can drive. It is therefore important that you arrange for transportation/rides ahead of time for discharge home from the hospital and to any follow-up medical or physiotherapy appointments.

Before getting into the car

- ✓ Have the driver park away from the curb
- ✓ Have someone move the seat as far back as it will go
- ✓ If you have cloth fabric seats, place a garbage bag on the seat to help you slide into the car

Sitting down

1. Stand with your back to the car
2. Hold onto the side of the car and the walker or dashboard
3. Lower yourself slowly onto the seat, keeping your operated leg forward, watch your head.
4. Slide well back on the seat
5. Lift your legs one at a time into the car or together as one unit

Getting out

Have someone open the door, follow the above steps backwards.



AFTER YOUR HIP REPLACEMENT

Outpatient physiotherapy at SMGH is now located in the Shops on Sydenham – 51 Front Street East Strathroy

- Dr. Rajgopal recommends that you do your post-operative physiotherapy at one of the MHA sites, (Strathroy Hospital or Four Counties Hospital), there is no cost to you. You will have your first post-operative appointment booked during pre-op class.
- You will receive either a phone call or virtual check-in with one of the physiotherapists 2-4 days after your surgery
- Your first in-person physio appointment will be booked 2 weeks after surgery.
- You will start with weekly physio appointment over a span of 8-12 weeks. This is a very general guideline as your appointments will vary based on your personal needs.

Physiotherapy Departments

Strathroy Middlesex General Hospital	(519) 246-5901	Fax: 519-299-1737
Four Counties Health Services	(519) 693-6501	Fax: 519-693-6523

COMMUNITY PHYSIOTHERAPY

- If you choose **NOT** to attend physiotherapy at SMGH or FCHS it is **your responsibility** to book your own appointments at the clinic of your choosing. It is your responsibility to arrange rides to and from your physiotherapy appointments until you are able to drive again.
- **Community Physiotherapy Partners -You will be able to have this treatment funded at some clinics. Ask your physiotherapist for a list of clinics that have a payment agreement with MHA.** They will also give you a bundled care payment letter to bring along with your referral to your first appointment.
- **Private Pay** – If you choose to attend a clinic that does not accept bundled care payments you will then be paying privately or using your own benefits. You will need to bring your referral to your first appointment and look after making your own appointments.

AFTER YOUR HIP REPLACEMENT

ACTIVITY

- For the **first two weeks** after surgery it is recommended that walking is limited to getting around the home as needed. Focus on resting with your leg elevated or flat on the bed, most of the day and be diligent with your exercises 3x/day. This will maintain your mobility while preventing excess pain and swelling.
- **After the first two weeks**, it is important to keep active after hip replacement surgery to keep you strong and moving well. Go for several short walks daily, with rest breaks.
- Use your walker until instructed otherwise by your physiotherapist. You will typically need to use a walker for two to six weeks after your surgery. After this, you may progress to a cane until your hip gets stronger.
- Continue the exercises three times per day as taught by the physiotherapist. It is your responsibility to do your exercises regularly. Remember that you will only get what you put into your hip replacement!
- Don't overdo it at the start. Slowly increase your walking distance to find your limits. It usually takes a few weeks to regain your energy.
- Ask your physiotherapist when you're ready to use an exercise bike
- Avoid jogging, jumping, lifting heavy weights, twisting, or any other activity that places excessive stress on your new hip

REST

- Sit in a chair or lie down after walking exercise. Do not let your legs hang down for too long to limit swelling – elevate your leg with a stool if needed
- **Do NOT rest your knee over a pillow.** This can cause stiffness in both your knee and hip, making it harder to straighten your leg. It will also cause swelling to pool in the foot.



- Elevate your leg throughout the day by placing pillows under your thigh and calf as shown in the picture below.

PAIN & SWELLING CONTROL

Pain and swelling after surgery is normal and will continue over the next few weeks to months. Each person feels pain differently and therefore what is moderately or very painful to some may be mildly painful to others.

Pain & swelling can be relieved by:

- Balancing rest and activity
- **Take your pain medication as prescribed. Remember, if you are in too much pain, you will not be able to do your exercises. It is a good idea to take your pain medication 30 minutes before your exercises. You will gradually wean off your medication as your pain improves**
- Place an ice pack against your hip several times daily to help reduce swelling and pain

LONG-TERM CARE OF YOUR HIP REPLACEMENT

- **Lifting:** there are no specific weight restrictions for lifting, however, only lift what you feel comfortable doing. Listen to your body!
- **Dental work / Surgery:** Speak with your dentist about the need for antibiotics before undergoing any dental procedure. Antibiotics are **not** usually required with dental work.

POST SURGERY AND EATING WELL

Eating well is important for supporting your recovery. Consuming nutritious foods helps your body to minimize muscle loss, strength and function. Your body will need more calories and protein during the healing phase.

With age and in combination with a surgery we can quickly lose muscle size, leading to a loss of function and increases our risk for falls. Adequate daily protein intake is necessary to slow the muscle loss.

Constipation may happen from taking pain medication; eating a higher fibre diet and drinking fluids can assist in better bowel regularity.

Include some of the below foods at meal and snack times:

Protein Rich Foods:

Meat, eggs, milk or a high protein milk, cheese, Greek yogurt, nuts, seeds, nut butter, legumes, tofu, oral nutritional supplements

Fibre Rich Foods:

Whole grain breads and cereals, fruits, vegetables, nuts, seeds, legumes (beans, peas, lentils)

Calorie Rich Foods:

Butter, margarine, sour cream, high milk fat fluid milk and dairy, nut butter, nuts, seeds, avocado, olive oil, baked goods, desserts, oral nutritional supplements

If your appetite is LOW, consider eating 3 smaller meals plus 2-3 small snacks daily, as seen below as an example.

Throughout or between your meals and snacks, aim to consume fluids of 1.5 to 2 litres daily unless advised by a healthcare member. Add condiments, healthy fats (nuts/avocado/oils), drizzle oil onto foods (1-2 Tablespoons/day) as you can to help increase your daily calorie intake.

For more information about healthy eating visit Canada's Food Guide at www.healthcanada.gc.ca/foodguide or review the Arthritis Society's Nutrition Guidelines at www.arthritis.ca.

SAMPLE POST SURGERY MENU

Breakfast:

1 egg OR 1 ounce of cheese

Add 1/4 cup nuts (cashew or slivered almonds are suggested for ease of chewing) and 125 mls of milk to 1/2 cup cooked oatmeal.

Add 1-2 teaspoons of chia seeds, ¼ cup berries

Mid Morning Snack:

4 Whole grain crackers with 1 Tablespoon of nut butter

Lunch:

1/2 sandwich on whole grain bread, top with meat, cheese add sliced tomato

1/2 cup Greek yogurt (Okis, Skyr for example brands).

Add small handful of berries

Mid Afternoon Snack:

1/3 cup cottage cheese and fruit; sprinkle chia seeds or ground flax

Dinner:

2 oz of meat (half the size of deck of cards)

1/2 cup whole grain rice OR a small potato with skin

1/2 cup mixed vegetables

125 mls milk or of a nutritional supplement

Night time snack:

125 mls oral nutritional supplement, try warming this up for a cozy drink!

FOLLOW-UP:

- You will have several follow-up appointments to see your surgeon at two weeks, six weeks, and then as needed. It is very important you keep these appointments.
- Ask your surgeon when you can return to work or resume driving.

Notify your surgeon or nurse practitioner if you experience any of the following (if not available then inform your family doctor):

- **SUDDEN increase in swelling, pain, or redness in your calf/calves**
- **SUDDEN, severe increase in pain in your new joint**
- **A foul odour, pus, or yellow or green drainage at your incision site**
- **Excessive bleeding**
- **Any other signs or symptoms of infection (i.e. bladder infection, tooth infection, etc.)**
- **A persistent increase in temperature (over 38°C)**

BLOOD CLOTS

There is a risk of developing a blood clot after hip replacement surgery due to decreased mobility, the surgery, medications, etc. Deep vein thrombosis (DVT) is a type of blood clot that mostly occurs in legs. It is important to know the symptoms of a blood clot as they can lead to some very serious complications such as a pulmonary embolism (when a blood clot breaks away and travels to the lung and become lodged). Not all patients who develop a DVT will feel symptoms but if you do suspect a blood clot, go to the nearest emergency department immediately. **The best way to prevent blood clots is to do ankle pumps and keep active after surgery.**

Symptoms of a blood clot include:

- Tenderness or pain in calf muscle or behind knee
- Redness
- Sharp, shooting pain when the foot is bent up
- Warm sensation
- Dull, aching throb in the calves, especially with walking
- Widening of the surface veins

CARE OF YOUR SURGICAL INCISION (wound)

Most patients will leave the hospital with a waterproof bandage over the incision. This bandage is to be kept on until your two week appointment with your surgeon. The waterproof bandage can be left on while showering but do not submerge the dressing in a bath/hot tub/pool. If your bandage begins to loosen at the edges, you can reinforce with Tegaderm bandage from your local pharmacy. It is normal to have some yellow/gree/red discharge on the bandage. If the draingage leaks out the side of the bandage call your surgeon/ nurse practioner.

➡ If your incision is closed with dissolvable stitches that are below the skin :

- You may also have thin adhesive bandages across the top of the skin. Leave these alone until your first follow up appointment. The ends of these strips may curl upwards, there is no need to worry or do anything about this.
- Do not apply any creams or lotions to the incision unless given permission by the surgeon.
- When showering, let the water run down over the incision or waterproof bandage but do not rub or scrub with soap. After showering, gently blot your incision or waterproof bandage dry with a soft towel.

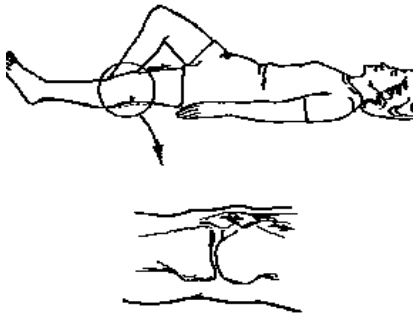
➡ If your incision is closed with STAPLES:

- You will have a follow-up appointment with the surgeon to have your staples removed (usually around 2 weeks after your surgery)
- You may shower with staples **IF** you have a waterproof bandage but do not submerge the incision in a bathtub, hot tub, etc. until the staples have been removed and your incision is healed or instructed by your surgeon
- If you have a gauze bandage over your staples that becomes wet from drainage from the incision, you can change it by using a clean, gauze and tape. **WASH YOUR HANDS BEFORE AND AFTER CHANGING THE BANDAGE. DO NOT TOUCH THE INCISION.**
- Do not apply any creams or lotions to the incision unless given permission by the surgeon

HIP EXERCISES

These exercises are designed to improve your range of motion, strength, and mobility in your hip. These exercises can also be performed *before* your surgery to keep your muscles strong and to help with pain, and should be done within your tolerance. A therapist will review these exercises with you after your surgery while in the hospital and at home. They should be performed 3 times daily, each.

STAGE 1 EXERCISES – FIRST 2 WEEKS AFTER SURGERY



This exercise helps strengthen your thigh muscle

1. Lie on your back with operated leg straight.
2. Tighten your thigh muscle, pushing the back of your knee down into the bed.
3. Hold 5 seconds, repeat 10 times, 3 times per day



This exercise helps strengthen your buttock muscle

1. Lie on your back with legs straight.
2. Squeeze buttocks together
3. Hold 5 seconds, repeat 10 times, 3 times per day



This exercise helps improve range of motion of your hip

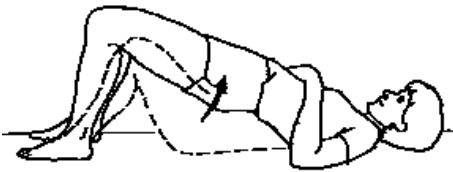
1. Lie on your back with legs straight.
2. Bend operated leg at hip and knee, sliding your heel toward buttock (you may use your strap to help)
3. Hold 5 seconds, repeat 10 times, 3 times per day

This exercise helps strengthen your thigh muscle



1. Lie on your back with a can or roll under knee
2. Raise your heel off the bed until your leg is straight
3. Hold 5 seconds then slowly lower
4. Repeat 10 times, 3 times per day.

This exercise helps strengthen your buttock muscle



1. Lie on your back with both legs bent as shown (you may want to put a pillow between your legs)
2. Tighten your buttocks and raise off the bed.
3. Keep pelvis level
4. Hold for 5 seconds then slowly lower.
5. Repeat 10 times, 3 times per day.

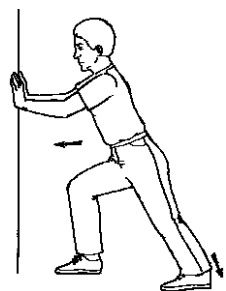


This exercise strengthens your hip/buttock muscle

1. Lie on your back with your knees bent. Place theraband around legs just above the knee
2. Keeping both feet together, slowly spread knees apart
3. Hold for 5 seconds, repeat 10 times, 3 times per day

STAGE 2 EXERCISES: WEEKS 2 to 6 AFTER SURGERY

(These exercises may be added by your physiotherapist)



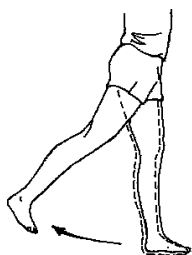
This exercise stretches your calf muscle

1. Position your body against a wall as shown with operated leg behind
2. Point toes directly toward wall and hold heel down, keep operated knee straight.
3. Lean into wall, bending front knee as shown so that you feel a stretch in your operated leg.
4. Hold for 20 seconds, repeat 3 times, 3 times per day



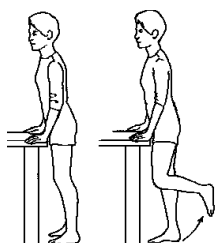
This exercise strengthens your hip flexor muscle

1. Standing, hold onto something firm for support
2. Bend operated hip up, bringing the knee towards the chest
3. Hold 5 seconds, repeat 10 times, 3 times per day



This exercise strengthens your buttock muscle

1. Standing, hold onto something firm for support
2. Lift operated leg backward as shown, keeping knee straight, do not lean your body forward
3. Hold 5 seconds, repeat 10 times, 3 times per day



This exercise strengthens your hamstring muscle

1. Standing, hold onto something firm for support
2. Standing tall, slowly bend the knee of the operated leg
3. Hold 5 seconds, repeat 10 times, 3 times per day



You may start hip abduction exercises at the discretion of your therapist as long as it is pain-free and you have good patterning

This exercise strengthens your hip/buttock muscle

1. Standing, hold onto something firm for support
2. Standing tall, slowly lift the operated leg straight out to the side
3. Hold 5 seconds, repeat 10 times, 3 times per day

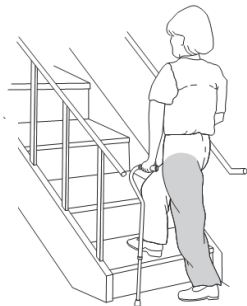
STAIRS

* When you are first home, have someone with you when you do the stairs – that person should be close behind you on the way up and should be one step below you on the way down.

Going UP stairs using a handrail – The GOOD leg steps up first

1. Stand close to the step and hold onto the handrail with one hand, the cane in the other hand.
2. Put your weight through the handrail and on the cane.
3. Step up with the good leg.
4. Straighten the good leg and step up with the operated leg, and then bring up the cane.

* Shaded leg is the operated leg

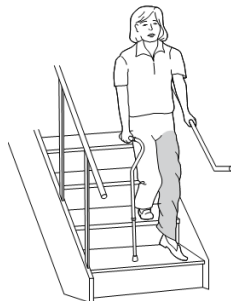


1. Step up with the good leg.
2. Cane and operated leg step up together.

Going DOWN stairs using a handrail –the OPERATED LEG (weak) steps down first

1. Stand close to the edge of the step and hold onto the handrail with one hand, the cane in the other.
2. Bring the cane down to the lower step followed by the operated leg.
3. Put your weight through the handrail and on the cane.
4. Step down with the good leg.

* Shaded leg is the operated leg



1. Cane down first, followed by operated leg.
2. Step down with the good leg.

OTHER RESOURCES

The Health Line - This website provides resources that will help prepare you for what to expect before, during and after joint replacement surgery, including access to patient guides and community resources within the South West Local Health Integration Network (LHIN) region of Ontario

<http://www.southwesthealthline.ca/libraryContent.aspx?id=211>

Middlesex Health Alliance Orthopaedic Site - You can download and print electronic copies of the MHA hip and knee replacement education guides

<http://www.mhalliance.on.ca/service/orthopaedics/>

Canadian Orthopaedic Foundation www.canorth.org

The Arthritis Society www.arthritis.ca

The Bone and Joint Network - a Canadian website with information on best practice guidelines for a variety of orthopaedic conditions including hip and knee replacement, fracture, injury prevention, low back pain, etc.

<http://boneandjointcanada.com/>

VENDOR LIST

STRATHROY			
Bossons Pharmacy	35 Front Street West	(519) 245-3810	Rent/Buy
Strathroy Royal Canadian Legion	266 Metcalfe Street West	(519) 245-0683	Loan
LONDON			
London Consistory Club	Fairmont United Church 29 Tweedsmuir Ave	519-455-0433	Loan
Precision Home Medical Equipment	390 Springbank Dr.	(519) 657-1032	Rent/Buy
Medigas London	555 Wellington Rd S.	(519) 451-7932	Rent/Buy
Motion	921 Leathorne St	(519) 685-0400	Rent/Buy
Dura Med Mobility Products	207 Adelaide St. S.	(519) 686-3888	Rent/Buy
Yurek Specialties Ltd	555 Wellington	(519) 963-1142	Rent/Buy
Wellwise by Shoppers	301 Oxford Street West	(519) 434-3326	Rent/Buy
Wellwise by Shoppers	641 Commissioners Rd. East	(519) 685-9150	Rent/Buy
NEWBURY			
Royal Canadian Legion	22 Durham St.	(519) 693-4251	Loan
PARKHILL			
Royal Canadian Legion	200 Broad St.	(519) 294-6261	Loan
FOREST			
Royal Canadian Legion	58 Albert St.	(519) 786-5357	Loan
MOUNT BRYDGES			
Lions Club	116 Lions Park Dr.	Ron Medill (519) 264-9590	Loan

VENDOR LIST

ALYMER			
Hills Pharmacy	35 Talbot St. East	(519) 773-9263	Buy
BRIGHTS GROVE			
Shoppers Drug Mart	2600 Lakeshore Rd.	(519) 869-4224	Rent/Buy
SARNIA			
True North Home Health	1139 Confederation St.	(519) 383-9900	Rent/Buy
Wellwise by Shoppers	516 Exmouth Street	(519) 344-9797	Rent/Buy
TILLSONBURG			
Coward Pharmachoice	165 Broadway St.	(519) 842-4081	Buy
Grand Medical Supplies	141 Broadway St.	(519) 842- 8949	Rent/Buy
CHATHAM			
Wellwise by Shoppers	406 St. Clair St.	(519) 351-7272	Rent/Buy
Motion	463 St. Clair St.	(519) 358-7096	Rent/Buy
GLENCOE			
Glencoe Pharmacy	253 Main St.	(519) 287-2731	Buy
WEST LORNE			
West Elgin Pharmacy	229 Graham Road	(519)768-1440	Buy
INGERSOLL			
Service for Seniors	250 Ingersoll St.	(519)485-2269 Ext #106	Loan

